RELATING TO THE COMPOSITION OF THE STATE COUNCIL ON MENTAL HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAI'I:

SECTION 1. The legislature finds that Native Hawaiians experience distinct health disparities that pervade their day-to-day well-being and hinder their overall health.

Data on Native Hawaiian mental health evince the pressing need for state intervention and confirm that culturally-based programs are four times more successful in addressing those needs. For example, youth suicide attempt and death rates are highest among Native Hawaiians, profoundly impacting their families and communities. Alarmingly, Native Hawaiian youth and emerging adults are 2.3 times more likely to die by suicide compared to Caucasian youth in Hawai'i. Furthermore, Native Hawaiian youth are 2 times more likely to have made a suicide attempt in the last year compared to their Caucasian peers.

Such mental health disparities, tragically, start in the early years of life. Native Hawaiian keiki are over-represented as victims of abuse and neglect. By high school, female Native Hawaiian students experience feelings of sadness or hopelessness
to a greater degree than their peers do. Native Hawaiian youth also maintain some of the highest rates of drug use in the State. Not surprisingly, these mental health disparities persist for Native Hawaiians through adulthood and as senior citizens.

Unfortunately, Native Hawaiians tend to underutilize existing mental health services, seek therapy only after their illness has becomes severe, or leave treatment prematurely. Cultural incongruence with Western mental health approaches may be a driving factor in Native Hawaiians’ underutilization of mental health services. Experts explain that clients are more likely to seek out and use mental health services when their values and beliefs are congruent with the interventions provided.

In 2014, the legislature codified a commitment to address health disparities throughout the State. Specifically, section 226-20(7), Hawai‘i Revised Statutes, directs decision-makers to “[p]rioritize programs, services, interventions, and activities that address identified social determinants of health to improve native Hawaiian health and well-being [. . .].” Additionally, the legislature recognized that eliminating health disparities and achieving health equity across demographics is a national priority, as unequal health outcomes and disparate well-being
are pervasive even when people have health insurance and medical care.

The legislature finds that the state council on mental Health is responsible for advising, reviewing, and evaluating the allocation and adequacy of mental health resources and services in the State. Accordingly, requiring the council to include members with knowledge of or work experience involving Native Hawaiian concepts of well-being, culturally-grounded mental health methodologies, or traditional healing or health practices will help to systemically advance culturally responsive policies and programs that may be critical to addressing the dire mental health needs of Hawai‘i’s Native Hawaiian and Pacific Islander communities.

Accordingly, consistent with the commitment embodied in Act 155 (2014), the legislature finds that it is now in the best interests of the State to provide appropriate Native Hawaiian cultural representation on the state council on mental health.

The purpose of this Act is to require at least three members of the state council on mental health to be reserved for individuals with demonstrated knowledge of or work experience involving Native Hawaiian concepts of well-being, culturally-
grounded mental health methodologies, or traditional healing or health practices.

SECTION 2. Section 334-10, Hawai‘i Revised Statutes, is amended to read as follows:

“§334-10 State council on mental health. (a) There is established a state council on mental health. The council shall consist of twenty-one members appointed by the governor as provided in section 26-34. In making appointments to the council, the governor shall ensure that all service area boards of the State are represented, and that a majority of the members are nonproviders of mental health or other health services, and that a majority of the members are not state employees. The number of parents of children with serious emotional disturbances shall be sufficient to provide adequate representation of such children in the deliberations of the council. The council shall be composed of residents of the State, including individuals representing:

(1) The principal state agencies with respect to mental health, education, vocational rehabilitation, criminal justice, housing, and social services;
(2) Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

(3) Adults with serious mental illnesses who are receiving, or have received, mental health services;

(4) The families of such adults or families of children with serious emotional disturbances; and

(5) The Hawaii advisory commission on drug abuse and controlled substances who shall be a person knowledgeable about the community and the relationships between mental health, mental illness, and substance abuse.

(b) The council shall elect a chairperson from among its members. All members shall serve without compensation but shall be paid their necessary expenses in attending meetings of the council.

(c) At least three members of the council shall have demonstrated knowledge of or work experience involving Native Hawaiian concepts of well-being, culturally grounded mental health methodologies, or traditional healing or health practices as evidenced by:
B. NO. _____

1. A college or university degree in a relevant field, such as psychology, social work, public health, nursing, Hawaiian studies, health administration or medicine, with a focus on Native Hawaiian and indigenous health, transgenerational trauma, or traditional healing or health practices such as hoʻoponopono, lāʻau lapaʻau, or lomilomi;

2. Work history that demonstrates an appropriate level of knowledge of or involvement in Native Hawaiian and indigenous health, transgenerational trauma, or traditional healing or health practices such as hoʻoponopono, lāʻau lapaʻau, or lomilomi;

3. Health, social, or advocacy work history addressing Native Hawaiian inequities; or

4. Substantial community experience as a Native Hawaiian traditional and customary practitioner in healing treatments, techniques, services, or practices.

(c) The council shall advise the department on allocation of resources, statewide needs, and programs affecting two or more service areas. The council shall review and comment on the statewide comprehensive integrated service plan and shall serve as an advocate for adults with serious mental illness,
children with serious emotional disturbances, other individuals with mental illnesses or emotional problems, and individuals with combined mental illness substance abuse disorders.

[(e)](e) If the department's action is not in conformance with the council's advice, the department shall provide a written explanation of its position to the council.

[(e)](f) The council shall prepare and submit an annual report to the governor and the legislature on implementation of the statewide comprehensive integrated service plan. The report presented to the legislature shall be submitted at least twenty days prior to the convening of each regular session.”

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect upon its approval, provided that the composition of the state council on mental health shall comply with this Act beginning on July 1, 2020.

INTRODUCED BY:______________________

By Request